



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Harmony Health Plan, Inc.

(Name)

NAIC Group Code 01199 , 01199 NAIC Company Code 11229 Employer's ID Number 36-4050495
(Current Period) (Prior Period)

Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/18/1995 Commenced Business 07/01/1996

Statutory Home Office 300 S. Riverside, Suite 500, Chicago, IL, US 60606
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 31391, Tampa, FL, US 33631-3391
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8735 Henderson Road
(Street and Number)
Tampa, FL, US 33634 813-206-6200
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.wellcare.com

Statutory Statement Contact Michael Wasik, 813-206-2725
(Name) (Area Code) (Telephone Number) (Extension)
michael.wasik@wellcare.com 813-675-2899
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
Richard Charles Fisher #	Interim President and CFO	Michael Troy Meyer	Assistant Treasurer, VP and Corporate Controller
Michael Warren Haber	Secretary and Vice President	Tammy Lynn Meyer	Assistant Secretary and Vice President

OTHER OFFICERS

Goran Jankovic, Treasurer and Vice President

DIRECTORS OR TRUSTEES

Michael Troy Meyer	Paul Hubert Frank	Andrew Lynn Asher	Patrick Albert Burke
Olumide Adetokunbo Idowu			

State of Florida
County of Hillsborough

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Richard Charles Fisher Michael Troy Meyer Michael Warren Haber
Interim President and CFO Assistant Treasurer, VP and Corporate Controller Secretary and Vice President

Subscribed and sworn to before me this day of ,
a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	28,430,548	66,254,882		22,460,651	28,430,548	25,751,130
2. Claim overpayment receivables	622,839		369,641	1,607,776	992,480	992,480
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	29,053,387	66,254,882	369,641	24,068,427	29,423,028	26,743,610

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2019					NAIC Company Code	11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,216									4,216
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,216									4,216
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(60,259)									(60,259)
18. Amount Incurred for Provision of Health Care Services	(88,787)									(88,787)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,216



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

NAIC Group Code	01199	BUSINESS IN THE STATE OF Arkansas			DURING THE YEAR 2019			(LOCATION)			NAIC Company Code	11229
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		15,908							15,908			
2. First Quarter		17,205							17,205			
3. Second Quarter		17,447							17,447			
4. Third Quarter		17,589							17,589			
5. Current Year		17,387							17,387			
6. Current Year Member Months		208,548							208,548			
Total Member Ambulatory Encounters for Year:												
7. Physician		234,151							234,151			
8. Non-Physician		111,519							111,519			
9. Total		345,670	0	0	0	0	0	0	345,670	0	0	
10. Hospital Patient Days Incurred		49,267							49,267			
11. Number of Inpatient Admissions		8,382							8,382			
12. Health Premiums Written (b).....		212,359,187							212,358,874		313	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		212,359,187							212,358,874		313	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		161,153,062							161,346,067		(193,005)	
18. Amount Incurred for Provision of Health Care Services		162,575,910							162,860,284		(284,374)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$212,359,187



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2019					NAIC Company Code	11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Harmony Health Plan, Inc.		2. _____							
NAIC Group Code	01199	BUSINESS IN THE STATE OF Illinois			DURING THE YEAR 2019			(LOCATION)			
								NAIC Company Code		11229	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		239,340							17,231	222,109	
2. First Quarter		16,946							16,946		
3. Second Quarter		17,141							17,141		
4. Third Quarter		17,528							17,528		
5. Current Year		17,433							17,433		
6. Current Year Member Months		206,926							206,926		
Total Member Ambulatory Encounters for Year:											
7. Physician		140,371							140,371		
8. Non-Physician		58,727							58,727		
9. Total		199,098	0	0	0	0	0	0	199,098	0	0
10. Hospital Patient Days Incurred		32,745							32,745		
11. Number of Inpatient Admissions		4,905							4,905		
12. Health Premiums Written (b).....		234,090,371							229,482,421	4,607,950	
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		234,090,371							229,482,421	4,607,950	
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		257,186,036							173,916,966	83,269,070	
18. Amount Incurred for Provision of Health Care Services		120,389,082							175,549,160	(55,160,078)	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$229,482,421



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Harmony Health Plan, Inc.		2. _____		(LOCATION)		NAIC Company Code		11229
NAIC Group Code	01199	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2019						
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2.

NAIC Group Code	01199	BUSINESS IN THE STATE OF Mississippi			DURING THE YEAR 2019			(LOCATION)			
								NAIC Company Code		11229	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		29,641							29,641		
2. First Quarter		28,106							28,106		
3. Second Quarter		28,001							28,001		
4. Third Quarter		27,840							27,840		
5. Current Year		27,571							27,571		
6. Current Year Member Months		335,688							335,688		
Total Member Ambulatory Encounters for Year:											
7. Physician		343,547							343,547		
8. Non-Physician		178,667							178,667		
9. Total		522,214	0	0	0	0	0	0	522,214	0	0
10. Hospital Patient Days Incurred		63,728							63,728		
11. Number of Inpatient Admissions		10,320							10,320		
12. Health Premiums Written (b).....		330,389,619							330,387,757		1,862
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		330,389,619							330,387,757		1,862
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		254,046,683							254,050,718		(4,035)
18. Amount Incurred for Provision of Health Care Services		256,429,014							256,434,959		(5,945)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$330,389,619

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		01199		BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2019						NAIC Company Code		11229	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10					
		2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other					
Total Members at end of:															
1. Prior Year	0														
2. First Quarter	0														
3. Second Quarter	0														
4. Third Quarter	0														
5. Current Year	0														
6. Current Year Member Months	0														
Total Member Ambulatory Encounters for Year:															
7. Physician	0														
8. Non-Physician	0														
9. Total	0	0	0	0	0	0	0	0	0	0					
10. Hospital Patient Days Incurred	0														
11. Number of Inpatient Admissions	0														
12. Health Premiums Written (b).....	161									161					
13. Life Premiums Direct.....	0														
14. Property/Casualty Premiums Written.....	0														
15. Health Premiums Earned.....	161									161					
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services	(19,992)									(19,992)					
18. Amount Incurred for Provision of Health Care Services	(29,457)									(29,457)					

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$161



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		01199		BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2019						NAIC Company Code		11229							
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
						2	3														
				Total		Individual	Group	Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year				0																	
2. First Quarter				0																	
3. Second Quarter				0																	
4. Third Quarter				0																	
5. Current Year				0																	
6. Current Year Member Months				0																	
Total Member Ambulatory Encounters for Year:																					
7. Physician				0																	
8. Non-Physician				0																	
9. Total				0		0	0	0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred				0																	
11. Number of Inpatient Admissions				0																	
12. Health Premiums Written (b).....				0																	
13. Life Premiums Direct.....				0																	
14. Property/Casualty Premiums Written.....				0																	
15. Health Premiums Earned.....				0																	
16. Property/Casualty Premiums Earned				0																	
17. Amount Paid for Provision of Health Care Services				0																	
18. Amount Incurred for Provision of Health Care Services				0																	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2019							NAIC Company Code	11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	0											
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	0											
18. Amount Incurred for Provision of Health Care Services	0											

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Harmony Health Plan, Inc.

2. _____

NAIC Group Code	01199	BUSINESS IN THE STATE OF South Carolina			DURING THE YEAR 2019			(LOCATION)			
								NAIC Company Code		11229	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		12,478							12,478		
2. First Quarter		9,400							9,400		
3. Second Quarter		9,251							9,251		
4. Third Quarter		9,131							9,131		
5. Current Year		9,013							9,013		
6. Current Year Member Months		110,885							110,885		
Total Member Ambulatory Encounters for Year:											
7. Physician		135,473							135,473		
8. Non-Physician		49,208							49,208		
9. Total		184,681	0	0	0	0	0	0	184,681	0	0
10. Hospital Patient Days Incurred		25,747							25,747		
11. Number of Inpatient Admissions		3,880							3,880		
12. Health Premiums Written (b).....		109,617,233							109,616,807		426
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		109,617,233							109,616,807		426
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		83,924,206							83,932,900		(8,694)
18. Amount Incurred for Provision of Health Care Services		84,707,792							84,720,602		(12,810)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$109,617,234



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2019				NAIC Company Code		11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,409							11,409		
2 First Quarter	10,096							10,096		
3 Second Quarter	9,681							9,681		
4. Third Quarter	9,285							9,285		
5. Current Year	9,049							9,049		
6 Current Year Member Months	115,722							115,722		
Total Member Ambulatory Encounters for Year:										
7. Physician	120,215							120,215		
8. Non-Physician	65,666							65,666		
9. Total	185,881	0	0	0	0	0	0	185,881	0	0
10. Hospital Patient Days Incurred	33,612							33,612		
11. Number of Inpatient Admissions	4,724							4,724		
12. Health Premiums Written (b).....	120,607,922							120,603,387		4,535
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	120,607,922							120,603,387		4,535
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	93,080,305							93,258,043		(177,738)
18. Amount Incurred for Provision of Health Care Services	93,871,380							94,133,261		(261,881)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$120,607,922



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2019							NAIC Company Code	11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b).....	447									447		
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	447									447		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(2,594)									(2,594)		
18. Amount Incurred for Provision of Health Care Services	(3,822)									(3,822)		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$447



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Harmony Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	01199	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2019					NAIC Company Code	11229
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	308,776	.0	.0	.0	.0	.0	.0	86,667	222,109	.0
2 First Quarter	81,753	.0	.0	.0	.0	.0	.0	81,753	.0	.0
3 Second Quarter	81,521	.0	.0	.0	.0	.0	.0	81,521	.0	.0
4. Third Quarter	81,373	.0	.0	.0	.0	.0	.0	81,373	.0	.0
5. Current Year	80,453	0	0	0	0	0	0	80,453	0	0
6 Current Year Member Months	977,769	0	0	0	0	0	0	977,769	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	973,757	.0	.0	.0	.0	.0	.0	973,757	.0	.0
8. Non-Physician	463,787	0	0	0	0	0	0	463,787	0	0
9. Total	1,437,544	0	0	0	0	0	0	1,437,544	0	0
10. Hospital Patient Days Incurred	205,099	0	0	0	0	0	0	205,099	0	0
11. Number of Inpatient Admissions	32,211	0	0	0	0	0	0	32,211	0	0
12. Health Premiums Written (b).....	1,007,069,156	.0	.0	.0	.0	.0	.0	1,002,449,246	4,607,950	11,960
13. Life Premiums Direct.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written.....	0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned.....	1,007,069,156	.0	.0	.0	.0	.0	.0	1,002,449,246	4,607,950	11,960
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	849,307,447	.0	.0	.0	.0	.0	.0	766,504,694	83,269,070	(466,317)
18. Amount Incurred for Provision of Health Care Services	717,851,112	0	0	0	0	0	0	773,698,266	(55,160,078)	(687,076)

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,002,461,207

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....	.0	.0	.0	.0	.0
2. Title XVIII-Medicare.....	.39	.51	.45	.43	.11
3. Title XIX-Medicaid.....	.0	.131	.86	.120	.501
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	.0	.0	.0	.0	.9
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.0	.0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.0	.0
18. Funds deposited by and withheld from (F) .....	.0	.0	.0	.0	.0
19. Letters of credit (L).....	.0	.0	.0	.0	.0
20. Trust agreements (T).....	.0	.0	.0	.0	.0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	277,248,739		277,248,739
2. Accident and health premiums due and unpaid (Line 15).....	41,852,378		41,852,378
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	42,146,169		42,146,169
6. Total assets (Line 28)	361,247,286	0	361,247,286
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	139,339,372	0	139,339,372
8. Accrued medical incentive pool and bonus payments (Line 2).....	27,378,145		27,378,145
9. Premiums received in advance (Line 8).....	48,420		48,420
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	67,453,059		67,453,059
15. Total liabilities (Line 24).....	234,218,996	0	234,218,996
16. Total capital and surplus (Line 33).....	127,028,290	XXX	127,028,290
17. Total liabilities, capital and surplus (Line 34)	361,247,286	0	361,247,286
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	95310.....	06-1405640.....				WellCare of Connecticut Inc.....	CT	IA	WellCare of New York, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	95081.....	59-2583622.....				WellCare of Florida Inc.....	FL	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	59-3547616.....				Comprehensive Health Management Inc.....	FL	NIA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	14-1647239.....				The WellCare Management Group, Inc.....	NY	UIP	WCG Health Management, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	95534.....	14-1676443.....				WellCare of New York Inc.....	NY	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3320236.....				Harmony Behavioral Health Inc.....	FL	NIA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	11229.....	36-4050495.....				Harmony Health Plan Inc.....	IL	IA	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	22-3391045.....				Harmony Health Systems Inc.....	IL	UDP	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	36-4467676.....				Harmony Health Management Inc.....	IL	NIA	Harmony Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-0937650.....		0001279363	NYSE	WellCare Health Plans Inc.....	FL	UIP	Shareholders.....		.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	04-3669698.....				WCG Health Management Inc.....	FL	UIP	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	10760.....	20-2103320.....				WellCare of Georgia Inc.....	GA	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	98-0448921.....				Comprehensive Reinsurance Ltd.....	CYM	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	10155.....	20-2383134.....				WellCare Prescription Insurance Inc.....	FL	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	12749.....	20-3562146.....				WellCare of Ohio Inc.....	OH	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-3262322.....				Harmony Behavioral Health IPA Inc.....	NY	NIA	Harmony Behavioral Health, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-4869374.....				WellCare Pharmacy Benefits Management In.....	DE	NIA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	83445.....	86-0269558.....				WellCare Health Insurance of Arizona Inc.....	AZ	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	64467.....	36-6069295.....				WellCare Health Insurance Company of Kentucky Inc.....	KY	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	10884.....	11-3197523.....				WellCare Health Insurance of New York Inc.....	NY	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	13020.....	20-8017319.....				WellCare Health Plans of New Jersey Inc.....	NJ	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	12964.....	20-8058761.....				WellCare of Texas Inc.....	TX	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	20-8420512.....				Exactus Pharmacy Solutions, Inc.....	DE	NIA	WellCare Pharmacy Benefits Management.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0
01199.....	WellCare Health Plans Inc.....	00000.....	27-0386122.....				Ohana Health Plans, Inc.....	HI	IA	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N	.0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	27-4293249.....				WellCare Health Plans of California, Inc.....	CA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	14404.....	45-3617189.....				WellCare of Kansas, Inc.....	KS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16533.....	45-5154364.....				WellCare Health Plans of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-3236788.....				America's 1st Choice California Holdings, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	20-5327501.....				WellCare of California, Inc.....	CA.....	IA.....	America's 1st Choice California Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	11775.....	32-0062883.....				WellCare of South Carolina, Inc.....	SC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	12913.....	20-5862801.....				Missouri Care, Incorporated.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4212954.....				The WellCare Community Foundation.....	DE.....	NIA.....	WellCare Health Plans, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1832645.....				Windsor Health Group, Inc.....	TN.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	15510.....	47-0971481.....				WellCare Health Plans of Kentucky, Inc.....	KY.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	15951.....	47-5456872.....				WellCare of Nebraska, Inc.....	NE.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	81-1631920.....				WellCare of Pennsylvania, Inc.....	PA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16117.....	81-3299281.....				WellCare of Oklahoma, Inc.....	OK.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	06-1742685.....				One Care by Care 1st Health Plan of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	57-1165217.....				Care 1st Health Plan Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	46-2680154.....				Care 1st Health Plan Administrative Services, Inc.....	AZ.....	NIA.....	Care 1st Health Plan Arizona, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16329.....	81-5442932.....				WellCare of Mississippi, Inc.....	MS.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-0664467.....				WellCare of Virginia, Inc.....	VA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16239.....	82-1301128.....				WellCare of Alabama, Inc.....	AL.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-1246845.....				Accountable Care Coalition of Arizona, LLC.....	AZ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5510251.....				Accountable Care Coalition of Central Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2588974.....				Accountable Care Coalition of Chesapeake, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-1681146.....				Accountable Care Coalition of Community Health Centers, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	82-1669422.....				Accountable Care Coalition of Community Health Centers II, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4537668.....				Accountable Care Coalition of DeKalb, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	80.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5481108.....				Accountable Care Coalition of Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1623920.....				Accountable Care Coalition of Southeast Partners, LLC.....	GA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1558080.....				Accountable Care Coalition of Hawaii, LLC.....	HI.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-5449147.....				Accountable Care Coalition of Maryland Primary Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4119739.....				Accountable Care Coalition of Maryland, LLC.....	MD.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	46-2881180.....				Accountable Care Coalition of Mississippi, LLC.....	MS.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4105836.....				Accountable Care Coalition of Mount Kisco, LLC.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1263227.....				Accountable Care Coalition of New Jersey, LLC.....	NJ.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4552802.....				Accountable Care Coalition of North Texas, LLC.....	TX.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3894436.....				Accountable Care Coalition of Northeast Georgia, LLC.....	GA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4106526.....				Accountable Care Coalition of Northwest Florida, LLC.....	FL.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1604548.....				Accountable Care Coalition of North West Region, LLC.....	OR.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1698885.....				Accountable Care Coalition of North West Region II, LLC.....	OR.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-0727997.....				Accountable Care Coalition of Northeast Partners, LLC.....	PA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3913308.....				Accountable Care Coalition of South Carolina, LLC.....	SC.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	47-3843552.....				Accountable Care Coalition of Southeast Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4113610.....				Accountable Care Coalition of Southeast Wisconsin.....	WI.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-4546234.....				Accountable Care Coalition of Syracuse, LLC.....	NY.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	82-1219279.....				Accountable Care Coalition of Tennessee, LLC.....	TN.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	00000.....	45-2742298.....				Accountable Care Coalition of Texas, Inc.....	TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....
01199.....	WellCare Health Plans Inc.....	80624.....	13-1851754.....				American Progressive Life & Health Insurance Company of New York.....	NY.....	IA.....	Universal American Holdings, LLC.....	Ownership.....	100.0.....	WellCare Health Plans, Inc.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	00000.....	52-2134236.....				APS Healthcare Holdings, Inc.....	DE.....	NIA.....	APS Healthcare, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	54-1602622.....				APS Healthcare, Inc.....	DE.....	NIA.....	UAM/APS Holding Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4644722.....				APS Parent, Inc.....	DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	30-0803845.....				Chrysalis Medical Services, LLC.....	TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3365375.....				Collaborative Health Systems of Maryland, Inc.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	50.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-3306594.....				Collaborative Health Systems of Virginia, Inc.....	VA.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0779287.....				Collaborative Health Systems, LLC.....	NY.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2602493.....				Empire Collaborative Care, LLC.....	NY.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4561546.....				Essential Care Partners, LLC.....	TX.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1694548.....				Golden Triangle Physician Alliance.....	TX.....	NIA.....	Heritage Health Systems of Texas Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0459857.....				Heritage Health Systems of Texas, Inc.....	TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	62-1517194.....				Heritage Health Systems, Inc.....	TX.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0560730.....				Heritage Physician Networks.....	TX.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500964.....				HHS Texas Management, Inc.....	GA.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	76-0500963.....				HHS Texas Management, LP.....	GA.....	NIA.....	Heritage Health Systems, Inc.....	Ownership.....	99.1	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	47-3923394.....				Hudson Accountable Care, LLC.....	NY.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-4679969.....				Maine Primary Care Holdings, LLC.....	ME.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	97.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	90-0855950.....				Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	81-2704355.....				Mid-Atlantic Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5626871.....				Northern Maryland Collaborative Care, LLC.....	MD.....	NIA.....	Collaborative Health Systems, LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	95-3623226.....				Penn Marketing America, LLC.....	DE.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	58-2633295.....				Premier Marketing Group, LLC.....	DE.....	NIA.....	Penn Marketing America, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0
01199.....	WellCare Health Plans Inc.....	00000.....	13-3491681.....				Quincy Coverage Corporation.....	NY.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	.0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	10768.....	74-3141949.....				SelectCare Health Plans, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	10096.....	62-1819658.....				SelectCare of Texas, Inc.....	TX.....	IA.....	Heritage Health Systems, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	42-0989096.....				UAM Agent Services Corp.....	IA.....	NIA.....	Universal American Financial Services.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	26-0153605.....				UAM/APS Holding Corp.....	DE.....	NIA.....	APS Parent, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	27-4683816.....				Universal American Corp.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	95-3800329.....				Universal American Financial Services.....	DE.....	NIA.....	Universal American Holdings, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-1352914.....				Universal American Holdings, LLC.....	DE.....	NIA.....	Universal American Corp.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	45-5439406.....				Virginia Collaborative Care, LLC.....	VA.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	51.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	23-1913528.....				Worlco Management Services, Inc.....	NY.....	NIA.....	Worlco Management Services.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	47-2346408.....				AWC of Syracuse, Inc.....	NY.....	NIA.....	Collaborative Health Systems LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16253.....	82-3169616.....				WellCare Health Plans of Arizona, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16344.....	82-3114517.....				WellCare of Maine, Inc.....	ME.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	66-0888149.....				WellCare of Puerto Rico, Inc.....	PR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-4598040.....				WellCare Associate Assistance Fund, Inc.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16343.....	82-4247084.....				WellCare Health Insurance Company of America.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16342.....	82-5127096.....				WellCare National Health Insurance Company.....	TX.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16547.....	82-5488080.....				WellCare of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004494.....				Meridian Management Company, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004494.....				Meridian Network Services, LLC.....	MI.....	NIA.....	Meridian Management Company, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	26-4004578.....				WellCare of Michigan Holding Company.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	82-1280079.....				Maryland Collaborative Care Transformation Organization, Inc.....	DE.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	13189.....	20-3209671.....				Meridian Health Plan of Illinois, Inc.....	IL.....	IA.....	WellCare of Michigan Holding Company.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	52563.....	38-3253977.....				Meridian Health Plan of Michigan, Inc.....	MI.....	IA.....	WellCare of Michigan Holding Company.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01199.....	WellCare Health Plans Inc.....	16571.....	83-2069308.....				WellCare of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	27-1339224.....				MeridianRx, LLC.....	MI.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	32-0408908.....				MeridianRX IPA, LLC.....	NY.....	NIA.....	MeridianRX, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16513.....	83-2126269.....				WellCare Health Insurance of Connecticut, Inc.....	CT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16532.....	83-2276159.....				WellCare Health Insurance of Tennessee, Inc.....	TN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16514.....	83-2255514.....				WellCare Health Plans of Vermont, Inc.....	VT.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16531.....	83-2797833.....				WellCare of Arkansas, Inc.....	AR.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	83-2840051.....				WellCare of Indiana, Inc.....	IN.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16515.....	83-2914327.....				WellCare of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	83-3612209.....				MeridianRx of Indiana, LLC.....	IN.....	NIA.....	MeridianRX, LLC.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	83-3333918.....				WellCare Health Insurance Company of Louisiana, Inc.....	LA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16516.....	83-3091673.....				WellCare Health Insurance Company of New Hampshire, Inc.....	NH.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16570.....	83-3166908.....				WellCare Health Insurance Company of Washington, Inc.....	WA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16568.....	83-3310218.....				WellCare Health Insurance Company of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16548.....	83-3493160.....				WellCare Health Insurance of North Carolina, Inc.....	NC.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16569.....	83-3351254.....				WellCare Health Plans of Wisconsin, Inc.....	WI.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	16512.....	83-3525830.....				WellCare of Missouri Health Insurance Company, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-2217098.....				Accountable Care Coalition of Florida Partners, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-2574901.....				Accountable Care Coalition Direct Contracting, LLC.....	FL.....	NIA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-3731013.....				WellCare Health Insurance Company of Nevada, Inc.....	NV.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-3739752.....				WellCare Health Insurance of the Southwest, Inc.....	AZ.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-3547689.....				WellCare Health Plans of Massachusetts, Inc.....	MA.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0
01199.....	WellCare Health Plans Inc.....	00000.....	84-3907795.....				WellCare Health Plans of Missouri, Inc.....	MO.....	IA.....	The WellCare Management Group, Inc.....	Ownership.....	100.0	WellCare Health Plans, Inc.....	N.....	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	59-3547616	Comprehensive Health Management, Inc.					1,989,891,418				1,989,891,418	
00000	26-4004494	Meridian Management Company LLC					435,357,872				435,357,872	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(31,123,933)				(31,123,933)	
95081	59-2583622	WellCare of Florida, Inc.	(138,132,011)				(530,489,789)				(668,621,800)	
95334	14-1676443	WellCare of New York, Inc.					(95,849,839)				(95,849,839)	
95310	06-1405640	WellCare of Connecticut, Inc.					(12,736,225)				(12,736,225)	
11229	36-4050495	Harmony Health Plan of Illinois, Inc.	(195,000,000)				(106,336,512)				(301,336,512)	
10760	20-2103320	WellCare of Georgia, Inc.	(85,000,000)				(213,927,387)				(298,927,387)	
10155	20-2383134	WellCare Prescription Insurance, Inc.					(114,849,792)				(114,849,792)	
12749	20-3562146	WellCare of Ohio, Inc.	(10,000,000)								(10,000,000)	
83445	86-0269558	WellCare Health Insurance of AZ, Inc.		15,000,000			(89,935,833)				(74,935,833)	
64467	36-6069295	WellCare Health Insurance of IL, Inc.	(140,000,000)				(254,264,820)	(19,530)			(394,284,350)	(4,762)
10884	11-3197523	WellCare Health Insurance of NY, Inc.					(140,605)				(140,605)	
13020	20-8017319	WellCare Health Plans of NJ, Inc.		15,000,000			(101,095,378)				(86,095,378)	
12964	20-8058761	WellCare of Texas, Inc.	(32,000,000)				(40,109,113)	19,530			(72,089,583)	4,762
11775	32-0062883	WellCare of South Carolina, Inc.	(10,000,000)				(36,885,185)				(46,885,185)	
16533	45-5154364	WellCare Health Plans of Tennessee, Inc.		918,171							918,171	
00000	20-5327501	WellCare of California Inc.	(12,000,000)				(37,004,253)				(49,004,253)	
12913	20-5862801	Missouri Care, Incorporated	(8,250,000)				(82,172,995)				(90,422,995)	
15951	47-5456872	WellCare of Nebraska, Inc.					(36,414,965)				(36,414,965)	
00000	57-1165217	Care1st Health Plan Arizona, Inc.					(60,312,326)				(60,312,326)	
00000	06-1742685	ONECare by Care1st Health Plan AZ, Inc.	(5,000,000)				(608,881)				(5,608,881)	
80624	13-1851754	American Progressive L&H Ins. Co. of NY	(11,980,373)				(49,700,577)				(61,680,950)	
10096	62-1819658	SelectCare of Texas, Inc.	(45,000,000)				(74,030,923)				(119,030,923)	
10768	74-3141949	SelectCare Health Plans, Inc.					(1,868,732)				(1,868,732)	
16239	82-1301128	WellCare of Alabama		1,200,000			(23,358)				1,176,642	
16253	82-3169616	WellCare Health Plans of Arizona Inc.					(1,606,441)				(1,606,441)	
16343	82-4247084	WellCare Health Ins. Co. of America		1,000,000			(75,767)				924,233	
16342	82-5127096	WellCare National Health Insurance Co.		2,000,000							2,000,000	
16344	82-3114517	Wellcare of Maine					(3,055,359)				(3,055,359)	
52563	38-3253977	Meridian Health Plan of Michigan Inc.		75,000,000			(557,824,519)				(482,824,519)	
13189	20-3209671	Meridian Health Plan of Illinois Inc.		300,000,000			(966,214,441)				(666,214,441)	
00000	83-3333918	WellCare Health Insurance Co. of LA Inc.					3,124,164				3,124,164	
16571	83-2069308	WellCare of Washington Inc.					3,750,000				3,750,000	
16570	83-3166908	WellCare Health Ins. Co. of WA Inc.					4,750,000				4,750,000	
16531	83-2797833	WellCare of Arkansas Inc.					621,642				621,642	
16513	83-2126269	WellCare Health Insurance of CT Inc.		1,200,000							1,200,000	
16512	83-3525830	WellCare of MI Health Ins. Co. Inc.		3,617,256							3,617,256	
16515	83-2914327	WellCare of New Hampshire Inc.		11,205,914							11,205,914	
16516	83-3091673	WellCare Health Insurance Co. of NH Inc.		3,500,000							3,500,000	
16547	82-5488080	WellCare of North Carolina Inc.		137,118,978							137,118,978	
16548	83-3493160	WellCare Health Insurance of NC Inc.		4,922,954							4,922,954	
16532	83-2126269	WellCare Health Insurance of TN Inc.		973,339							973,339	

42.1

42.1

42.1

42.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
24.

Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

Bar code:

11.


1 1 2 2 9 2 0 1 9 3 6 0 5 9 0 0 0

12.


1 1 2 2 9 2 0 1 9 2 0 5 0 0 0 0 0

13.


1 1 2 2 9 2 0 1 9 4 2 0 0 0 0 0 0

14.


1 1 2 2 9 2 0 1 9 3 7 1 0 0 0 0 0

15.


1 1 2 2 9 2 0 1 9 3 7 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.



18.



19.



20.



21.



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2019 OF THE Harmony Health Plan, Inc.
MEDICARE PART D COVERAGE SUPPLEMENT
(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

01199

NAIC Company Code

11229

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....		XXX		XXX	.0
1.12 Without Reinsurance Coverage.....	273,546	XXX		XXX	273,546
1.13 Risk-Corridor Payment Adjustments.....	(31,309,929)	XXX		XXX	(31,309,929)
1.2 Supplemental Benefits.....		XXX		XXX	.0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....		XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....	(149,619)	XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	31,197,962	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....		XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....	123,927	XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	(111,967)	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	11,960	XXX	0	XXX	(31,036,383)
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....		XXX		XXX	.0
7.12 Without Reinsurance Coverage.....	(466,317)	XXX		XXX	(466,317)
7.2 Supplemental Benefits.....		XXX		XXX	.0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....		XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....	(220,759)	XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	.0	XXX	.0	XXX	XXX
10.12 Without Reinsurance Coverage.....	(687,076)	XXX	.0	XXX	XXX
10.2 Supplemental Benefits.....	.0	XXX	.0	XXX	XXX
11. Total Claims	(687,076)	XXX	0	XXX	(466,317)
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		.0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		.0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	(1,682)	XXX		XXX	(1,682)
15. Expenses Incurred.....	.63	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	698,973	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(30,568,384)

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